

<b>DS-4511-C Rev. 10/04</b> <b>AUTHORITY:</b> Section 102, Act 94, P.A. 1979, as amended. <b>COMPLETION: REQUIRED.</b> (Failure to file will result in withholding of state aid funds.)	Michigan Department of Education OFFICE OF STATE AID AND SCHOOL FINANCE P.O. Box 30106, Lansing, Michigan 48909	<i>Direct questions regarding this form  to Glenda Rader at (517) 335-0524.</i>
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## SCHOOL DISTRICT PLAN FOR ELIMINATING A DEFICIT BUDGET

<b>EDUCATIONAL AGENCY</b>	<b>Legal Name of School District</b>	<b>District Code Number</b>	<b>Telephone (Area Code)</b>
	<b>Address</b>	<b>City</b>	<b>Zip Code</b>

**MAILING INSTRUCTIONS:** Return ONE copy within 30 days of receipt to the State address indicated above.

### A. FINANCIAL DATA

<b><u>TITLE</u></b>			<b>Actual 2003-2004</b>	<b>Estimated 2004-2005</b>	<b>Estimated 2005-2006</b>
			(1)	(2)	(3)
1.		BEGINNING FUND EQUITY (See B.)			
2.	(1XX)	ADD: Revenues			
		Local Sources			
3.	(2XX)	Other Political Subdivisions			
4.	(3XX)	State Sources			
5.	(4XX)	Federal Sources			
6.	(5XX)	Incoming Transfers & Other Transactions			
7.		TOTAL REVENUES, INCOMING TRANSFERS AND OTHER TRANSACTIONS			
8.		TOTAL RESOURCES AVAILABLE			
9.	(1XX)	LESS: Expenditure Instruction Expense (including Fringe Benefits)			
10.	(21X)	Support Services: Pupil			
11.	(22X)	Instructional Staff			
12.	(23X)	General Administration			
13.	(24X)	School Administration			
14.	(25X)	Business			
15.	(26X)	Operations and Maintenance			
16.	(27X)	Transportation			
17.	(28X)	Central			
18.	(29X)	Other			
19.	(3XX)	Community Services			
20.	(4XX)	Outgoing Transfers and Other Transactions			
21.	(5XX)	Debt Service			
22.	(6XX)	Fund Modifications			
23.		TOTAL EXPENDITURES, OUTGOING TRANSFERS AND OTHER TRANSACTIONS			
24.		<b><u>ENDING FUND BALANCE:</u></b>			

### B. FUND BALANCE

Year Ending June 30:		AMOUNT
25.	2002	
26.	2003	
27.	2004	

Please list your State School Aid Membership **projection** as defined by State School Aid Act Section 6 (4):

YEAR:	2004-2005	2005-2006	2006-2007
ENROLLMENT:			

### C. S.E.V. AND MILLAGE DATA

	2004-2005	2005-2006 (Projected)
Homestead S.E.V.		
Non-Homestead S.E.V.		

MILLAGE ELECTION HISTORY	Date of Election	Proposal/Mills	RESULT OF VOTE
<u>Non-Homestead Property</u>			YES
			NO
			YES
			NO
<u>"Enhancement" (up to 3 mills)</u>			YES
			NO
			YES
			NO
<u>"Hold Harmless"</u>			YES
			NO
			YES
			NO

### D. SALARIES AND UNEMPLOYMENT BENEFITS

#### 1. Estimated Gross Savings as a Result of Staff Reductions:

TITLE	STAFF REDUCTIONS		AMOUNT OF SAVINGS	ADDITIONAL SAVINGS
	2004-2005	2005-2006	2004-2005	2005-2006
	(1)	(2)	(3)	(4)
Instructional			\$	\$
Support Services				
Community Services				
TOTAL			\$	\$

#### 2. Estimated Cost of Unemployment Benefits as a Result of Staff Reductions:

	2004-2005	2005-2006
TOTAL	\$	\$

**E. NEGOTIATIONS DATA**

1. Have negotiations been completed for

	YES	NO
2004-2005?		
2005-2006?		

2. If either year is checked "NO", indicate what agreements will be under negotiation.

3. Are projected costs of settlement included in the financial plan on page 1 for

	YES	NO
2004-2005?		
2005-2006?		

**F. EXTRA-CURRICULAR ACTIVITIES**

List expected savings to be achieved by eliminating specific extra-curricular activities. (There are no state prescribed criteria for eliminating activities.)

ACTIVITY	AMOUNT OF SAVINGS	
	2004-2005	2005-2006

**G. OTHER REQUIRED DATA**

Please answer the following questions on a separate sheet of paper.

1. What factors caused the school district's deficit?
2. What is the school district's plan to eliminate the deficit?
3. What subjects or instructional programs is the district proposing to discontinue or curtail?
4. What support services would be reduced or eliminated?
5. What specific steps have been initiated to carry out the plan?
6. Give the details of staff reductions or professional and nonprofessional separately for instruction, support services and community services

**NOTE:** *Please attach any other data which is pertinent to the school district's plan to eliminate its deficit.*

Signature of Superintendent or  
Authorized Official \_\_\_\_\_

Date

Contact Person (Type Name) \_\_\_\_\_

Telephone Number (Area Code/Local Number) \_\_\_\_\_